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11/09/2005 LFULTON 00000001 180013 10755440

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**AMENDMENT TRANSMITTAL LETTER**Docket No.  
WEN-0029Application No.  
10/755,440 Conf. #1091Filing Date  
January 13, 2004Examiner  
H.M. Johnson, IIArt Unit  
3739

Applicant(s): Naoyuki Maida et al

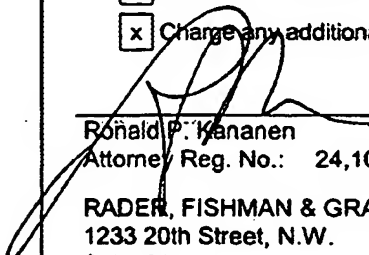
Invention: CORNEAL SURGERY APPARATUS

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	12	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. 18-0013 in the amount of \$ \_\_\_\_\_  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 18-0013  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Dated: November 1, 2005  
Ronald P. Kananen  
Attorney Reg. No.: 24,104RADER, FISHMAN & GRAUER PLLC  
1233 20th Street, N.W.  
Suite 501  
Washington, DC 20036  
(202) 955-3750

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10/755440  
2012-0029

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	<u>12</u>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<u>12</u> minus 20 =	* <u>2</u>
INDEPENDENT CLAIMS	<u>2</u> minus 3 =	* <u>2</u>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	<u>11-5</u>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* <u>12</u>	Minus	** <u>20</u> = <u>—</u>
Independent	* <u>2</u>	Minus	*** <u>3</u> = <u>—</u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

① 4 6 7 ⑧ 10 11 12 18

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	<u>770</u>

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDITIONAL FEE	